Medical School Hotline

Imi Ho'ola Post-baccalaureate Program: One solution to the crisis of inadequate representation of minorities in medicine

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There is still an alarming disproportionate number of underrepresented minorities matriculating through medical schools in the United States. Among the students entering medical school in 2000, the number of underrepresented minorities (URM) made up 10.5% of the overall student body whereas URM made up 21% of the population.[1]

In 1970, the Association of American Medical Collages (AAMC) established a task force that was the first to address the issue of access to medicine for URM. Soon after, various programs were developed which involved establishing links between medical schools and undergraduate, and secondary and elementary schools to increase awareness and enrich the students in the sciences.[2] That decade unfolded a significant increase in the total enrollment of URM to medical school. Unfortunately, after this period, a plateau of total enrollment of URM was observed.[3]

Project 3000 by 2000 (goal of increasing enrollment of URM to 3000 by the year 2000) was launched in 1991 by the AAMC to address the worsening problem of minority underrepresentation in medical schools.[4] The percentages of URM began to rise again from 1,470 in 1990 (9.2% of total student body) to a record of 2,014 in 1994 (12.4% of the total student body). However, since 1994, total enrollment of URM into medical school has started to decline.[5]

Three significant blows to affirmative action were the 1992 Hopwood decision, Proposition 209 in California, and Proposition 200 in Washington, which all disallowed the consideration of race in higher education admissions practices. Consequently, these anti-affirmative actions have impacted negatively the number of URM applying to medical schools.[6] Therefore, although there has been a significant increase in the total enrollment of URM since the 1970s, the percentage of URM in medical schools is still below what is expected for adequate representation of this population in the United States.

The importance of increasing the URM enrollment in medical school is emphasized in the need for high-quality health care to the unserved and underserved.[6] Research has found that minority physicians disproportionately serve minority patients as well as the poor and Medicaid populations. Furthermore, although there is a significant association between physician and patient socioeconomic backgrounds, a stronger association exists between physician and patient ethnic background.[7] Physicians who understand the language and culture of their patients may offer a more complete type of health care for these people.[5]

The interest in pursuing a medical career is prevalent among URM college freshmen. Unfortunately, a high percentage of URM are discouraged by financial barriers, academic/educational barriers (including lack of educational support from parents, low expectations of URM, and overt discouragement from pursuing health professions[8,9]), and/or inadequate preparation to cope with scholastic rigors in undergraduate as well as in medical school.[2] Furthermore, URM retention rates are significantly lower than non-URM. In part, the lowered retention rates may have to do with academic difficulty that URM status is associated with.[10] All of these barriers account for the low number of URM physicians practicing today.

A method to increase the pool of qualified URM applicants and the retention rate of URM in medical school is through post-baccalaureate and pre-matriculation programs. Various post-baccalaureate and pre-matriculation programs across the nation have been shown to affect positively total enrollment and retention rate of URM in medical school.[11] In fact, participation of URM in post-baccalaureate programs appear to be significant in the academic success in medical school, despite their lower GPAs and MCAT scores.[2] It is most interesting to note that medical schools that do not have these pre-admission URM programs are the ones who have the most declines in total enrollment of URM.[12]

The Imi Ho'ola Post-baccalaureate Program at the University of Hawaii John A. Burns School of Medicine (JABSOM) is one such program that is dedicated and crucial in ensuring adequate representation of the unique population of the Pacific-West Basin. Since the program's establishment in 1973, Imi Ho'ola *(Those Who Seek to Heal)* has significantly contributed to the enrollment of URM into medical school by providing educational opportunities for Native Hawaiians, Filipinos, Samoans, Micronesians, Chamorros, Native Americans, Vietnamese, Laotians and Cambodians.[13] According to Judd and Tim Sing,[14] nearly half of all JABSOM students with Hawaiian, Filipino, and Chamorro ancestry and all of JABSOM students with Samoan and Micronesian ancestry are former Imi Ho'ola students. Therefore, the Imi Ho'ola program is essential in ultimately increasing the number of qualified physicians that are from these underrepresented populations.

The Imi Ho'ola program has undergone various changes in its curriculum since its inception almost 30 years ago. The program started initially as a premedical enrichment program, which had no guarantee of acceptance into medical school. In 1995, the program developed into a post-baccalaureate program, which had a provisional acceptance into the John A. Burns School of Medicine. In 2000, in addition to the post-baccalaureate program, Imi Ho'ola developed partnerships with local high schools and community organizations to increase the awareness and interest of the health care profession. Ultimately, Imi Ho'ola will increase the number of URM in medicine by not only targeting the retention of these students in medical school, but also by increasing the pool of qualified applicants.

The 12-month, formally structured post-baccalaureate program described by Judd and Tim Sing[14] consists of three components: Phase I, Summer Orientation and Assessment; Phase II, Post-baccalaureate Enrichment; and Phase III, Pre-matriculation. The 10 enrollees undergo extensive testing during Phase I to assess their baseline knowledge and skills in biology, biochemistry, chemistry, reading, and critical thinking. The results of these assessments are used to develop individual educational plans that include improving academic skills such as organization, note taking and test taking. The students and faculty then implement and incorporate what was

determined in Phase I into Phase II. Phase II emphasizes strengthening basic science knowledge in biology and biochemistry/chemistry as well as addressing speech and ethics. Finally, Phase III further promotes successful adjustment to medical school by following the curriculum format of the school of medicine, which involves Problem-Based Learning as well as introduction to Clinical Skills.

Imi Ho'ola embraces and is dedicated to the three components that Taylor and Rust described as being essential for the success of URM programs.[15] The first component is creating a supportive environment for URM students who may have had to face various social obstacles. Awareness of certain behaviors (e.g. expressing little interest to students' questions or concerns, physical distance or stereotyping) that may affect these students' performances is of utmost importance in order to provide URM students with high self-esteem and feelings of equality and inclusion. The second component is addressing the different learning styles of URM students. Teachers must realize that European American students are more likely than URM students to succeed in an environment that emphasizes analytic thinking, individual competition, and independent learning. Teachers need to incorporate interactive learning, establish clear and organized objectives, frequently assess learning, and present material in various ways. Imi Ho'ola incorporates traditional learning with hands-on lab experiences (e.g. cadaver dissection) and highly interactive case-concept map and tutorial sessions. The third component involves teachers who make an effort to learn and value a diverse set of backgrounds. In the Imi Ho'ola program, not only does the staff and faculty themselves often come from underrepresented minority populations, but they are also highly active in the areas of diversity and culture competency.

There is a desperate need to increase the number of physicians who are from underrepresented minority populations. Research has shown that these physicians are most likely to serve minority populations, and may be able to provide a more complete type of health care because they and their patients can identify with one another. An effective method of increasing the number of these URM physicians is post-baccalaureate programs like Imi Ho'ola at the John A. Burns School of Medicine. Imi Ho'ola has contributed greatly to the representation of URM in medicine, especially in the Pacific-Basin population, through its emphasis on strengthening academic skills, knowledge base, and personal growth as well as its commitment to recognizing, accepting and valuing differences among its students.

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